

2019 -- H 5387

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LC001360  
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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

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A N A C T

RELATING TO HUMAN SERVICES -- MEDICAL ASSISTANCE

Introduced By: Representatives Amore, and Carson

Date Introduced: February 14, 2019

Referred To: House Finance

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 40-8-19 of the General Laws in Chapter 40-8 entitled "Medical  
2 Assistance" is hereby amended to read as follows:

3 **40-8-19. Rates of payment to nursing facilities.**

4 (a) Rate reform.

5 (1) The rates to be paid by the state to nursing facilities licensed pursuant to chapter 17 of  
6 title 23, and certified to participate in Title XIX of the Social Security Act for services rendered to  
7 Medicaid-eligible residents, shall be reasonable and adequate to meet the costs that must be  
8 incurred by efficiently and economically operated facilities in accordance with 42 U.S.C. §  
9 1396a(a)(13). The executive office of health and human services ("executive office") shall  
10 promulgate or modify the principles of reimbursement for nursing facilities in effect as of July 1,  
11 2011, to be consistent with the provisions of this section and Title XIX, 42 U.S.C. § 1396 et seq.,  
12 of the Social Security Act.

13 (2) The executive office shall review the current methodology for providing Medicaid  
14 payments to nursing facilities, including other long-term-care services providers, and is  
15 authorized to modify the principles of reimbursement to replace the current cost-based  
16 methodology rates with rates based on a price-based methodology to be paid to all facilities with  
17 recognition of the acuity of patients and the relative Medicaid occupancy, and to include the  
18 following elements to be developed by the executive office:

19 (i) A direct-care rate adjusted for resident acuity;

1 (ii) An indirect-care rate comprised of a base per diem for all facilities;

2 (iii) A rerearray of costs for all facilities every three (3) years beginning October, 2015, that

3 may or may not result in automatic per diem revisions;

4 (iv) Application of a fair-rental value system;

5 (v) Application of a pass-through system; and

6 (vi) Adjustment of rates by the change in a recognized national nursing home inflation

7 index to be applied on October 1 of each year, beginning October 1, 2012. This adjustment will

8 not occur on October 1, 2013, October 1, 2014, or October 1, 2015, but will occur on April 1,

9 2015. The adjustment of rates will also not occur on October 1, 2017, or October 1, 2018.

10 Effective July 1, 2018, rates paid to nursing facilities from the rates approved by the Centers for

11 Medicare and Medicaid Services and in effect on October 1, 2017, both fee-for-service and

12 managed care, will be increased by one and one-half percent (1.5%) and further increased by one

13 percent (1%) on October 1, 2018. Said inflation index shall be applied without regard for the

14 transition factors in subsections (b)(1) and (b)(2). For purposes of October 1, 2016, adjustment

15 only, any rate increase that results from application of the inflation index to subsections (a)(2)(i)

16 and (a)(2)(ii) shall be dedicated to increase compensation for direct-care workers in the following

17 manner: Not less than 85% of this aggregate amount shall be expended to fund an increase in

18 wages, benefits, or related employer costs of direct-care staff of nursing homes. For purposes of

19 this section, direct-care staff shall include registered nurses (RNs), licensed practical nurses

20 (LPNs), certified nursing assistants (CNAs), certified medical technicians, housekeeping staff,

21 laundry staff, dietary staff, or other similar employees providing direct-care services; provided,

22 however, that this definition of direct-care staff shall not include: (i) RNs and LPNs who are

23 classified as "exempt employees" under the Federal Fair Labor Standards Act (29 U.S.C. § 201 et

24 seq.); or (ii) CNAs, certified medical technicians, RNs, or LPNs who are contracted, or

25 subcontracted, through a third-party vendor or staffing agency. By July 31, 2017, nursing

26 facilities shall submit to the secretary, or designee, a certification that they have complied with

27 the provisions of this subsection (a)(2)(vi) with respect to the inflation index applied on October

28 1, 2016. Any facility that does not comply with terms of such certification shall be subjected to a

29 clawback, paid by the nursing facility to the state, in the amount of increased reimbursement

30 subject to this provision that was not expended in compliance with that certification.

31 (b) Transition to full implementation of rate reform. ~~For no less than four (4) years after~~

32 ~~the initial application of the price-based methodology described in subdivision (a)(2) to payment~~

33 ~~rates, the~~ The executive office of health and human services shall implement a transition plan to

34 moderate the impact of the rate reform on individual nursing facilities. Said transition shall

1 include the following components:

2 (1) No nursing facility shall receive reimbursement for direct-care costs that is less than  
3 the rate of reimbursement for direct-care costs received under the methodology in effect on  
4 October 1, 2017 ~~at the time of passage of this act; for the year beginning October 1, 2017, the~~  
5 ~~reimbursement for direct care costs under this provision will be phased out in twenty five percent~~  
6 ~~(25%) increments each year until October 1, 2021, when the reimbursement will no longer be in~~  
7 ~~effect. No nursing facility shall receive reimbursement for direct care costs that is less than the~~  
8 ~~rate of reimbursement for direct care costs received under the methodology in effect at the time~~  
9 ~~of passage of this act;~~ and

10 (2) No facility shall lose or gain more than five dollars (\$5.00) in its total, per diem rate  
11 the first year of the transition. An adjustment to the per diem loss or gain may be phased out by  
12 twenty-five percent (25%) each year; except, however, for the years beginning October 1, 2015,  
13 there shall be no adjustment to the per diem gain or loss, but the phase out shall resume  
14 thereafter; and

15 (3) The transition plan and/or period may be modified upon full implementation of  
16 facility per diem rate increases for quality of care-related measures. Said modifications shall be  
17 submitted in a report to the general assembly at least six (6) months prior to implementation.

18 (4) Notwithstanding any law to the contrary, for the twelve-month (12) period beginning  
19 July 1, 2015, Medicaid payment rates for nursing facilities established pursuant to this section  
20 shall not exceed ninety-eight percent (98%) of the rates in effect on April 1, 2015. Consistent  
21 with the other provisions of this chapter, nothing in this provision shall require the executive  
22 office to restore the rates to those in effect on April 1, 2015, at the end of this twelve-month (12)  
23 period.

24 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
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- 1           This act would repeal the automatic phase out of the nursing facility reimbursement price
- 2 based methodology.
- 3           This act would take effect upon passage.

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